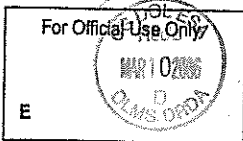


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3517</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>05</u> Through: <u>12</u> / <u>31</u> / <u>05</u>
3. Name and address of person filing. Name <u>David</u> <u>R</u> <u>Perko</u> P.O. Box, Bldg., Room No., if any Street <u>4266 Hitt Road</u> City <u>Tamaroa</u> State <u>IL</u> ZIP Code + 4 <u>62888-2307</u>	4. Name, file number, and address of labor organization. Name <u>Carpenters District Council of Greater</u> <u>St. Louis & Vicinity</u> Labor Organization File Number <u>002637</u> P.O. Box, Building and Room Number, if any Street <u>1401 Hampton Ave</u> City <u>St. Louis</u> State <u>MO</u> ZIP Code + 4 <u>63139-3195</u>
5. Position in labor organization. <u>Business Representative/Organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>David Perko</u>	On <u>02-27-06</u> Date	618 407-5236 Telephone Number

Name of Person Filing <u>David R. Perko</u>	File Number U-
---	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Carpenters Pension Fund Of Illinois

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any P.O. Box 470

Street 28 N. First Street

City Geneva

State IL ZIP Code + 4 60134-0470

9. Business deals with:

☒ a. Labor Organization

☐ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

Trustee of Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed expenses for meetings, conferences & meeting lunches.

See attached itemized list.

12.b. Amount. \$6,182.43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.